# 1/5000137254

(Requestor's Name)
(Addrops)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
16 TOW -7 PH 5: 48  16 TOW -7 PH 5: 48  16 TOW -7 PH 5: 48  Office Use Only



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SECRETARY OF STATE

K. SALY DEC 29 2016



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 8, 2016

JOSE ARMELLA 210-174TH ST, APT 517 SUNNY ISLES BEACH, FL 33160

SUBJECT: KINGENTA, LLC Ref. Number: L15000137254

We have received your document for KINGENTA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 616A00023952

Karen A Saly Regulatory Specialist II

www.sunbiz.org

### **COVER LETTER**

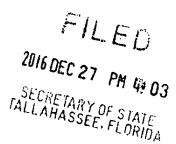
TO: Registration Section

CR2E079 (2/14)

Division of Corporations
SUBJECT: Kingleta, LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Marcel Barbier (Contact Person)
(Firm/Company)
8147Westpield Circle
Vero Beach, PL 32966 (City/State and Zip Code)
For further information concerning this matter, please call:
Marcel Barbrer at (786) 252-6442 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the lin	mited liability company as it appears on the records of the Florida Department
of State is:	singenta. LLC
2. The Florida docum	nent/registration number assigned to this limited liability company is:
<del></del>	5137254
3. The date this mem	ber/manager withdrew/resigned or will withdraw/resign is: 11 11 16
4. I, <u>305e</u>	Armello, hereby withdraw/resign as a ne of Person Resigning)
Ment	rint Title)
of this limited liabil resignation in writi	lity company and affirm the limited liability company has been notified of my ng.
	-5a-l.
Signature of Diss	ociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) WITH YOU \$30.00 (Optional)